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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A. RAMSEY MAR 07 2022

## **COVER LETTER**

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TO: Registration Se Division of Cor			
	VEL FRIENDLY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IVANIA OBERTI		
		Name of Person	<del></del>
	THE LAW OFFICES OF	IVANIA OBERTI	
		Firm/Company	<del></del>
	4457 SAGO CIRCLE		
		Address	
	WESTON. FLORIDA 333	31	
		City/State and Zip Code	
	ivania.oberti@iobertilegal.o	om to be used for future annual report noti	fication
For further information of	oncerning this matter, please of	_	
IVANIA OBERTI		954 2494845 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 FEB 28 AM 9: 18

SAGITR	AVEL	FRIENDL	Y. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on AUGUST	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MYVOICE TRAVEL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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lf an eff Note:	ive date, if other than the date of filing:
e recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	FEBRUARY, 22 2022
	$\sim$ 10 ( ) XII $\lambda$
	Signature of a member or authorized representative of a member